



THIS FORM SHOULD ONLY BE COMPLETED IF THE TENANT IS THE SYSTEM OWNER OR LESSEE

LANDLORD/TENANT RIDER

LANDLORD INFORMATION

Landlord Name _____

Phone _____ Email _____

Mailing Address _____

TENANT INFORMATION

Tenant Name _____

Phone _____ Email _____

Mailing Address _____

LANDLORDS: BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND BOTH THE APS INTERCONNECTION REQUIREMENTS (available at www.aps.com/dg) AND THE APS INTERCONNECTION AND CREDIT PURCHASE AGREEMENTS THAT THE TENANT AND LESSOR, IF APPLICABLE, ARE SIGNING (available at www.aps.com/gosolar under "Forms & Resources").

Signed,

LANDLORD

TENANT

Name (Please Print)

Name (Please Print)

Signature

Signature

Date

Date